

APPLICATION FOR CHILD CARE SERVICES:☐ **New**☐ **Redetermination**☐ **Update**

Applicant's Name: _____ Telephone No.:() _____

Case Name (if different from Applicant's Name) _____ Case No.: _____

Address: _____

I. Have you ever been disqualified from the Subsidized Child Care Program in another county? ☐ Yes ☐ No (If yes, child care coordinator see instructions.)**II. Reason Child Care Services are Needed:** ☐ Employment* ☐ Education/Training* ☐ Developmental Needs* ☐ CPS ☐ CWS

*These reasons require determination of income, except for children in Foster Care or Child Protective Services (CPS).

III. U.S. Citizenship Status: Select one. ☐ Applicant is a U.S. Citizen ☐ Child(ren) is a U.S. Citizen☐ Child(ren) is not a U.S. Citizen but meets Smart Start funding criteria.☐ Applicant or child(ren) is a legal U.S. Non-Citizen (residing in the U.S. legally)☐ Child(ren) is not a U.S. Citizen, but needs care to support child protective services, foster care and/or developmental needs.**NOTE:** Social Security number is for "child only" cases. (This is optional and not required.) _____

IV. Members of Income Unit: Check (✓) to indicate which child needs services.		Relationship to Applicant	Date of Birth	Race	Special Needs	Parent Fee/Effective Date

V. Income Unit: Designate Income Unit Size _____**VI. Child Care Transportation is Needed:** ☐ Yes ☐ No

VII. Type of Income (Must list all sources of income.)	Gross Monthly Amount	Method of Verification
	(Include documentation in case record.)	
Child Support Paid Out:	(\$ _____)	
Total Countable Monthly Income:		

VIII. Child Care Benefit: Do you receive an employer benefit for child care? ☐ No ☐ Yes \$ _____ per month**IX. Certification of Applicant/Authorized Representative:** I certify that I have read or had read to me the Applicant's Statement on the back of this form, that my child care social worker has explained the information on the back of this form, and that the information provided, as reflected on this form, is accurate and complete to the best of my knowledge._____
Signature of Applicant/Authorized Representative_____
Date_____
Signature of Witness**X. Approval:** ☐ Yes Approved from _____ to _____ ☐ Not Approved**Comments:** __________
Signature of Child Care Case Worker of Local Purchasing Agency_____
Title_____
Date of Decision

XI: Worksheet

To be used for computation of income or for comments.

To:

This form is being sent to notify you of action taken regarding the request/receipt of child care services for those designated on the front of this form. The action taken is outlined in **Section X** of this form.

This form also serves as your record of the information provided by you and used in determining eligibility for child care services.

Your signature in **Section IX** of the form certifies that you have been made aware of and agree to the rights and responsibilities contained in the following statement. Do not return this letter, keep it for your records.

APPLICANT'S STATEMENT

I understand that I am responsible for providing my child care social worker of the local purchasing agency with certain information necessary to determine eligibility for the services requested. Also, I understand that if I am disqualified from the subsidy program due to fraudulent acts (see Child Care Fraud in next section) that I may not be eligible for child care subsidy in any county. The information provided by me is reflected on this form and represents a true and complete statement of facts according to my best knowledge I also understand that the information provided by me may be subject to verification and that I may be asked, at this time or at a later date, to provide documentation which supports the information I provide to my child care social worker. I agree to notify my child care social worker of the local purchasing agency within five (5) workdays of any change in address, employment, income, school/employment training schedule (if applicable), living arrangements, or family size of those for whom the services are requested. Also, I will provide a copy of my grades to my child care social worker, if applicable.

I understand that the information I provide to my child care social worker will be held in strict confidence and will not be revealed to anyone without my written consent, except for information necessary to establish eligibility and information that may be revealed in the course of agency audits and monitoring. I hereby authorize the release of any information, reports, and any information by the Social Security Administration to my child care social worker that is needed to determine my eligibility for child care subsidy services.

I understand that I may be asked to pay a fee for child care services based on my gross family income.

I understand that I have a right to request and obtain a fair hearing if the local purchasing agency does not act upon my request with reasonable promptness (i.e., within thirty (30) days of the date services are requested) and/or if I disagree with the local purchasing agency's action in response to my request. I understand that the agency's decision in no way affects Medicaid, WFFA, Food Stamps or any other service assistance or income. If eligible, I understand that services will be provided or arranged within fifteen (15) days of notification, if such service is available.

CHILD CARE FRAUD

Fraud is a criminal offense. I understand that it is against the law for me to make false statements or to withhold information affecting eligibility and that I am subject to prosecution if I do make false statements or withhold information. The North Carolina General Statute 110-107 states that a recipient of child care subsidies commits the offense of fraudulent misrepresentation when that person, with the intent to deceive, makes a false statement or representation regarding a material fact, or fails to disclose a material fact, and as a result obtains, attempts to obtain, or continues to receive child care subsidy. If it is determined that there is a first incident of fraudulent misrepresentation, you must repay the amount of child care subsidy for which you were not eligible to receive and may not be eligible to receive subsidized child care services for 12 months. Also, if there is a second incident of fraudulent misrepresentation determined you must repay the amount of child care subsidy for which you were not eligible and you may permanently be ineligible to receive child care services.

HOW TO GET A FAIR HEARING

If you wish to request a fair hearing, you must contact the child care supervisor/coordinator of the local purchasing agency within sixty (60) days after this letter was mailed. A hearing will be scheduled for you with an official of the county department of social services. If you are dissatisfied with the decision made at that hearing, you may have a hearing with an official from the NC Department of Health and Human Services.

At either of these hearings, you may have someone such as a relative or friend represent you. You may have an attorney represent you, but you must pay for his services yourself, unless free legal services are available in your community. If you are interested in free legal services, contact your child care social worker.

If your request for child care services was denied and you wish to request a fair hearing, you must contact the child care supervisor/coordinator of the local purchasing agency within sixty (60) days after this letter was sent.

If you have any questions or want further information, please contact your child care social worker as soon as possible.

TYPES OF INCOME TO REPORT ON FRONT OF FORM

Wages or salary; adjusted gross income from self-employment; social security; dividends, interest, income from estates, trusts, or royalties; adjusted gross rental income; public assistance or welfare payments; pensions; annuities; retirement benefits; unemployment compensation or strike benefits; workmen's compensation; alimony; child support; veterans benefits; OTJ training benefits; Armed Forces pay; Work Supplemental programs; child care subsidies.